

## HEALTH & SAFETY & RISK ASSESSMENT FOR INFLATABLE EQUIPMENT

VENUE:

DATE:-

ADDRESS:

ORGANISER:

TELEPHONE No.:

NO	CHECK	YES	NO	ACTION
1	IS PLUG IN GOOD CONDITION			
2	ANY EXPOSED WIRES			
3	SAFETY CUT OUT DEVICE WORKING			
4	ANY TRIP HAZARD ON ROUTE OF WIRING			
5	GENERATORS & PETROL BLOWERS SECURE & CORDUNED OFF			
6	EXTINGUISHER CHARGED & IN GOOD CONDITION			
7	PETROL CAN SECURE & IN GOOD CONDITION			
8	EQUIPMENT SECURED VIA CORRECT GUY LINES AND ANCHORS			
9	CONDITION OF INFLATABLE EQUIPMENT CHECKED			
10	CRASH MATS IN POSITION			
11	CUSTOMER GIVEN INSTRUCTIONS			
12	INDEMNITY FORM SIGNED			

